

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814
(916) 445-3644



August 16, 1977

ALL-COUNTY LETTER NO. 77-36 (Prog. Support)

TO: ALL COUNTY WELFARE DIRECTORS
STATISTICAL REPORTS MANUAL HOLDERS

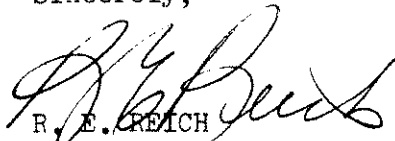
SUBJECT: REVISED ADULT PROGRAMS MONTHLY STATISTICAL REPORT (FORM ABD 216)

REFERENCE: EAS 46-425 SPECIAL CIRCUMSTANCES

The attached revised report and instructions were developed to be consistent with recent regulatory changes in the types of circumstances and amounts of allowances authorized. The use of the revised report and instructions are effective with the July 1977 report month. This revision will be incorporated in Division 26 Statistical Reports Manual of Policies and Procedures.

Any questions concerning this report should be directed to Program Information Bureau, (916) 322-2230.

Sincerely,


R. E. REICH
Deputy Director

Attachment

cc: CWDA

26-216.01 CONTENT

26-216.01

This report provides information on (1) out-of-home care certifications and (2) special circumstances allowances.

26-216.02 PURPOSE

26-216.02

Data collected through this report are needed by the Department's Adult Program Management Branch in its ongoing supervision of the adult programs.

26-216.03 DISTRIBUTION

26-216.03

Data from these reports are compiled and released to the Social Security Administration and published in the monthly statistical summary, Public Welfare in California, for distribution to program managers, county welfare departments, and other interested agencies and individuals.

26-216.04 DUE DATE

26-216.04

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

Department of Benefit Payments
Program Information Bureau
744 P Street, Mail Station 12-81
Sacramento, California 95814

When data are unavailable, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data promptly as soon as available.

26-216.10 INSTRUCTIONS

26-216.10

26-216.20 PART A. REQUESTS FOR CERTIFICATION

26-216.20

This Part involves (1) counts of "SSI-Public Assistance Agency Information Request and Report" (Form SSP 22) and (2) actions taken during the month as reflected on this form.

1. Pending from Preceding Month - Enter the number of requests for certification to SSA as to nonmedical out-of-home care which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month, or explain in a footnote.
2. Received During the Month - Enter the number of requests for certification to SSA received during the report month.
3. Total on Hand During the Month - Enter the total number of requests for certification on hand during the month, the sum of the entries in Items 1 and 2.
4. Disposed of During the Month - Enter the number of requests for certification disposed of during the report month. Item 4 is the sum of the entries in sub-items 4a, 4b, 4c.
 - 4a. Allowed, Certified to SSA - Enter the number of requests for certification which were allowed during the month and certified to SSA, by completion and return of Form SSP 22.
 - 4b. Denied - Enter the number of requests for certification for which the CWD determined the applicant could not be certified for special living arrangements, completed Form SSP 22, and returned it to SSA.

4. Disposed of During the Month (Continued)

- 4c. Withdrawn or Canceled - Enter the number of requests for certification which were, during the month, withdrawn by the applicant or canceled due to death of applicant.
5. Pending, End of Month - Enter the number of requests for certification which were on hand (not disposed of) at the end of the report month. The entry is the difference between the entries in Item 3 and Item 4.
6. Length of Time to Dispose of Requests Reported in Item 4 - Classify each request reported in Item 4 by the length of time elapsed from the date that the request was received by the CWD to the date that final action was completed. Enter total counts in the appropriate sub-items, 6a through 6c.

26-216.30 PART B. SPECIAL CIRCUMSTANCES ALLOWANCES (S.C.A.)

26-216.30

This Part involves (1) counts of Forms SSP 4A, "Application and Verification for Special Circumstances Allowance" covering applications received and applications disposed of during the month, and (2) cumulation of the approved dollar amounts (rounded to nearest dollar) shown on Form SSP 4A. (Reference: EAS 46-425)

Because of the interrelationship between various circumstances and amounts of allowances that may be authorized, each line item instruction in Part B., Section II, includes a reference to the corresponding EAS manual section. It is highly desirable that county reporting staff become thoroughly familiar with those manual sections in order to assure proper reporting of data required for each item.

I. APPLICATIONS FOR S.C.A.

1. Pending from Preceding Month - Enter the number of applications for S.C.A. which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month, or explain in a footnote.
2. Received During the Month - Enter the number of Forms SSP 4A completed by applicants and filed with the county welfare department during the month.
3. Total on Hand During the Month - Enter the sum of the entries in Items 1 and 2.
4. Disposed of During the Month - Enter the number of Forms SSP 4A on which final action was taken during the month by CWD approval (4a), disapproval (4b), or withdrawal or cancellation (4c).
5. Pending, End of Month - Enter the number of S.C.A. applications on hand (not disposed of) at the end of the report month. The entry is the difference between the entries in Item 3 minus Item 4.

II. CASELOAD AND EXPENDITURES

6. Total - Because two or more types of S.C.A. allowances may be approved on the basis of a single application, the Total for "Number of Cases" in this section will not necessarily agree with the number of approved applications reported in Item 4a. If an allowance for catastrophe includes both (a) household furniture and equipment and (b) clothing, it would be reported as an allowance in each of the Items 7a and 7b, but as one allowance in Item 7.

II. CASELOAD EXPENDITURES (Continued)

6. Total (Continued)

Similarly, if an allowance includes household furniture and equipment, housing repairs \$300 and under, and supplemental moving allowances to secure rental housing, it would be reported as one allowance in each of the Items 7, 7a, 8, 11 and 11a. Only under this procedure can correct line-item averages be computed.

Dollar amounts, reported in the "Expenditure" column, are not duplicative and are readily assigned to the proper line-items. In the "Expenditures" column for II, enter the sum of the amounts in Items 7, 8, 9, 10, 11, 12 and 13. ROUND ALL DOLLAR AMOUNTS TO THE NEAREST WHOLE DOLLAR.

7. Catastrophe - In the "Number of Cases" column, enter the net number of allowances approved for the two catastrophic circumstances identified in Items 7a and 7b. In the "Expenditures" column, enter the sum of the amounts reported in Items 7a and 7b. (Reference: EAS 46-425.1)
- 7a. Household Furniture and Equipment - Enter the number and amounts of allowances approved for household furniture and equipment. (Reference: EAS 46-425.11)
- 7b. Clothing - Enter the number and amounts of allowances approved for clothing. (Reference: EAS 46-425.12)
8. Housing Repairs (\$300 and under) - Enter the number and amounts of allowances approved for housing repairs \$300 and under. (Reference: EAS 46-425.21)
9. Supplemental Housing Repairs (above \$300) - Enter the number and amounts of allowances approved for supplemental housing repairs above \$300. (Reference: EAS 46-425.22)
10. Moving Expenses - Enter the number and amounts of allowances approved for moving expenses. (Reference: EAS 46-425.23)
11. Supplemental Moving Expenses - In the "Number of Cases" column, enter the net number of allowances approved for supplemental moving expenses identified in Items 11a and 11b. In the "Expenditures" column, enter the sum of the amounts reported in Items 11a and 11b. (Reference: EAS 46-425.24)
 - 11a. Securing Rental Housing - Enter the number and amounts of allowances approved for securing rental housing. (Reference: EAS 46-425.24a)
 - 11b. Purchase of a Home - Enter the number and amounts of allowances approved for purchase of a home. (Reference: EAS 46-425.24b)
12. Home Modifications - Enter the number and amounts of allowances approved for home modifications. (Reference: EAS 46-425.25)
13. Payments to Prevent Foreclosure - Enter the number and amounts of allowances approved to prevent foreclosure. (Reference: EAS 46-425.26)
14. Total Returned/Canceled - In the event that during the report month the recipient returns or the county cancels an allowance of any type that has been counted as an "Allowance Approved" in any prior month it should be shown in Item 14. Enter the total number and amount of such returned or canceled allowances.

II. CASELOAD EXPENDITURES (Continued)

14. Total Returned/Canceled (Continued)

If a recipient returns or the county cancels only part of the allowance, count it as one allowance and count only the actual amount returned or canceled. If the return or cancellation includes money from more than one type of allowance, count the actual number of allowances. For example, if the recipient returns or the county cancels money given for clothing (7b) and housing repairs \$300 and under (8), count it as two allowances.

26-216.90 FORM (ABD 216)

26-216.90

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

PROGRAM INFORMATION BUREAU
DEPARTMENT OF BENEFIT PAYMENTS
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814**ADULT PROGRAMS**
Monthly Statistical Report

COUNTY	MONTH
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PART A. REQUESTS FOR CERTIFICATION - OUT-OF-HOME CARE

1. Pending from preceding month	_____
2. Received during the month	_____
3. Total on hand during the month (1 + 2)	_____
4. Disposed of during the month (a + b + c)	_____
a. Allowed, certified to SSA	_____
b. Denied	_____
c. Withdrawn or canceled.	_____
5. Pending, end of month (3 minus 4)	_____
6. Length of time to dispose of requests reported in Item 4	_____
a. 13 working days or less	_____
b. 14-20 working days.	_____
c. Over 20 days.	_____

PART B. SPECIAL CIRCUMSTANCES ALLOWANCES (S.C.A.)

I. APPLICATIONS FOR S.C.A.	
1. Pending from preceding month	_____
2. Received during the month	_____
3. Total on hand during the month (1 + 2)	_____
4. Disposed of during the month (a + b + c)	_____
a. Approved	_____
b. Disapproved	_____
c. Withdrawn or canceled.	_____
5. Pending, end of month (3 minus 4)	_____

II. CASELOAD AND EXPENDITURES

	Number of Cases (1)	Expenditures (2)
6. TOTAL (sum of 7 through 13)		\$ _____
7. Catastrophe (*a + b, Col. 2 only)		_____ *
a. Household furniture and equipment	(_____)	_____
b. Clothing.	(_____)	_____
8. Housing repairs (\$300 and under)		_____
9. Supplemental housing repairs (above \$300)		_____
10. Moving expenses		_____
11. Supplemental moving expenses (*a + b, Col. 2 only)		_____ *
a. Securing rental housing	(_____)	_____
b. Purchase of a home.	(_____)	_____
12. Home modifications		_____
13. Payment to prevent foreclosure		_____
14. Total returned/canceled		_____

PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE	DATE REPORT PREPARED
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